

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-036748

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

167

Primary Registration District No.

4256

Registrar's No.

48

STATE FILE NUMBER

FILED OCT 2 1963

1. PLACE OF DEATH

a. COUNTY

Johnson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Holden

Length of stay in 1b
70 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Johnson

c. CITY
OR
TOWN

Holden

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Holden, Missouri

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

Holden, Missouri.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

EDWARD

Middle

ELMER

Last

PAUL

4. DATE
OF
DEATH

Month Day Year
Sept. 27, 1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/9/84

9. AGE (last birthday)

78

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

carpenter

10b. KIND OF BUSINESS OR INDUSTRY

Building

11. BIRTHPLACE (City and state or country)

Kingsville, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Abner R. Paul

13b. MOTHER'S MAIDEN NAME

Jennie Patton

14. NAME OF HUSBAND OR WIFE

none

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

no

16. SOCIAL SECURITY NO.

XXXX

17. INFORMANT

Mrs. Wm. Barber, Kansas City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Heart Failure

INTERVAL BETWEEN ONSET AND DEATH

48 hrs.

DUE TO (b)

Metastatic

Squamous Cell Carcinoma of Tongue

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

Holden

COUNTY

Johnson

STATE

Mo

21. I attended the deceased from

7-27-62

to 7-27-63

and last saw him alive on 9-26-63

Death occurred at

6:00

A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Edward T. Schurz, D.O.

22b. ADDRESS

Holden, Mo.

22c. DATE SIGNED

9-30-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9/30/1963

23c. NAME OF CEMETERY OR CREMATORY

Holden Cemetery

23d. LOCATION (City, town, or county)

Holden, Missouri.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Canaday & Ropp, Holden, Mo.

25. DATE RECD. BY LOCAL REG.

9-30-67

26. REGISTRAR'S SIGNATURE

Bernice Ross

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Samuel B. Rapp

Licensed Embalmer No. ~~3838~~ 4044

P. O. Address Holden, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.